

# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street  
Denver, CO 80203-1818  
(303) 866-2993  
(303) 866-4411 FAX  
(303) 866-3883 TTY



June 26, 2006

Re: LIS Audit Letter  
INFORMATIONAL ONLY

Bill Owens  
Governor

Stephen C. Tool  
Executive Director

Dear County Director and Medical Assistance Site Director:

The Social Security Administration (SSA) is randomly sending letters to some Extra Help for Prescription Drug recipients in order to audit their benefits. When people initially signed up for Extra Help, SSA took their word on eligibility. Now, SSA is checking some recipients' information to make sure they are eligible.

The letter asks them to gather certain information and be ready for a telephone meeting. The part of the letter that concerns most people is as follows:

"Even if you do not have all of the information that I am requesting, I need to interview you. I will help you get anything you do not have. You do not have to give us the requested information. **However, if you do not provide the information, we may terminate your help with Medicare prescription drug plan costs.**"

Recipients may be calling, concerned that this is a fraudulent organization trying to get their information, or frightened that they will be losing benefits. Please be aware that this is a valid letter and people do need to comply with the requests. I am attaching a copy of the letter and including some pointers to help your staff answer any questions they may get about the letter.

If you need additional information, please feel free to contact Heather Hewitt at 303-866-5600 or via email at [heather.hewitt@state.co.us](mailto:heather.hewitt@state.co.us).

Sincerely,

Gayle E. A. Fowler  
Eligibility Operations Section Manager

Enclosures

cc: Lisa Esgar  
Laurie Simon  
Jeanette Hensley, DHS

## Q&A: Social Security Audit Letters

**Q: What is this letter all about? It sounds like a scam to me.**

A: It is not a scam, and you need to reply to this letter. The Social Security Administration is conducting a random spot check of people who have been authorized to receive Extra Help in paying for the Medicare Part D Benefit. The object is to make sure that those people who are truly eligible for Extra Help are the ones who receive it. A separate part of this process involves sending out letters to people who are not currently receiving Extra Help, but are believed to be eligible for it.

**Q: Why did I get the letter and not everyone else? I didn't do anything wrong.**

A: Only a small percentage of people who applied for Extra Help receive this letter. They are chosen entirely by chance. Getting a letter does not mean that anyone believes you did something wrong.

**Q: They seem to want a lot of personal information, and that concerns me.**

A: In order to qualify for Extra Help, there are two tests that must be met: an income test, and an asset test. This spot check is to verify that you meet both tests. To do that, some personal information is required, as it was on the original application for Extra Help that you filled out.

None of this information needs to be sent in the mail. But it is important that you provide this information to help us make sure that everyone deserving of Extra Help, gets it.

**Q: How do I make sure this is legitimate?**

A: You may contact the person who sent you the letter directly, at the toll-free number shown at the bottom of the first page of the letter. If you're still not sure after speaking with that person, you can call the Regional Office of the Centers for Medicare & Medicaid Services in Denver, at (303) 844-2111, or your local Social Security Office.

Finally, you may choose to have a friend, relative, or legal representative join you on the telephone interview to make sure your interests are protected.

**Q: What do I need to do?**

A: First, send back the acknowledgement form in the postage-paid envelope that came with the letter. If the appointment time is inconvenient, ask that it be rescheduled. You can also do that by phone.

Next, gather the information requested as well as you can. If more is needed, you can find that out during the phone interview.

Above all, do not ignore or throw away this letter. Doing so could mean that you lose the Extra Help in the Part D program you have already been approved for. Taking part in the interview will help us make sure that everyone who needs Extra Help is getting it, including you.



Social Security Administration  
Office of Quality Assurance and  
Performance Assessment

477 Michigan Avenue  
Room 1055  
Detroit, MI 48226

Date: May 12, 2006

Beneficiary: [REDACTED]  
SSN: \*\*\*-\*\*-8120

[REDACTED]  
[REDACTED]  
[REDACTED]

The Social Security Administration is contacting a few people who have applied for extra help with Medicare prescription drug plan costs. We are doing a quality review to make sure we made the correct decision on these applications. We picked your name by chance, NOT for any other reason. To make sure we made the correct decision on your application, I would like to telephone you on Friday, June 2, 2006 in the afternoon. For general information about Social Security, you can call our national toll-free number at 1-800-772-1213.

WHAT WILL HAPPEN WHEN I CALL

I will identify myself by name as shown at the bottom of this letter. I will ask you some questions about the information on your application for help with Medicare prescription drug plan costs.

HOW YOU CAN GET READY FOR YOUR CALL

I have enclosed a page that shows the kinds of information you should have ready. I have checked the things I would like to talk about. If you would like to have a friend or relative help you, please tell that person to be there when I call.

IMPORTANT INFORMATION

The Social Security law that allows us to ask you questions is explained on an enclosed page, Privacy Act and the Paper Reduction Act Notice. Even if you do not have all of the information that I am requesting, I need to interview you. I will help you get anything you do not have. You do not have to give us the requested information. However, if you do not provide the information, we may terminate your help with Medicare prescription drug plan costs.

PLEASE RETURN THE ENCLOSED FORM

I have enclosed an acknowledgement form for you to complete, sign and mail back to me in the envelope I have provided. You do not need to put a stamp on the envelope. This form is to let me know you received this letter and whether or not you will be available when I plan to call you.

If you have any questions, please call me at my office between 8:00 a.m. and 4:00 p.m., Monday through Friday. My toll-free number is 1-800-521-0073 extension 3042. Thank you for your help.

Sincerely,

  
SHARON FRY  
SOX DETAIL SIS

Enclosures



FORM APPROVED  
OMB No. 0960-0707**INFORMATION NEEDED FOR REVIEW OF THE APPLICATION FOR  
HELP WITH MEDICARE PRESCRIPTION DRUG PLAN COSTS**

Please have the ITEMS LISTED BELOW on hand for the telephone review. If you think any other items NOT checked are important for the review of the application for extra help with Medicare prescription drug plan costs, please have them on hand also.

**A. PERSONAL IDENTIFICATION ITEMS**

- ☒ Social Security and Medicare cards for yourself and your living-with spouse.

**B. FAMILY SIZE AND HOUSEHOLD EXPENSES INFORMATION**

- ☒ Names, income amount and relationship of any relatives (by blood, marriage or adoption) living with you and your spouse for whom you and/or your spouse provide half of their support.

- ☒ Lease agreement or rental contract with your landlord

- ☒ Rent or mortgage receipts (or check stubs) for the time period 08/2005-09/2005

- ☒ If living with anyone other than your spouse and/or minor children, have their name and amount of contributions towards the household expenses.

- ☒ Estimates of monthly food expenses, and receipts for mortgage/ rent, property insurance, real property tax, heating fuel, electricity, gas, water, garbage removal and sewer for the time period 08/2005-09/2005

**C. INCOME**

- ☒ Pay stubs covering the period 08/2005-09/2005

- ☒ Tax return for 2005

- ☒ Letters, notice of award, or check stubs for any pensions, or other benefit (other than Social Security benefits) you or your spouse receive.

**D. RESOURCES**

- ☒ Bank book and/or bank statements covering the period 07/2005-08/2005 for those accounts on which your name and/or your living-with spouse's name appear as individual or joint owner, or as a beneficiary.

- ☒ Stocks, bonds, promissory notes, etc. owned by you or your living-with spouse.

- ☒ Ownership information about property owned by you or your living-with spouse other than the home you live in.

- ☒ Life insurance and burial insurance policies owned by you or your living-with spouse.

- ☒ Retirement savings accounts such as 401K, IRA, KEOGH, etc. owned by you or your living-with spouse.

**E. OTHER**

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## PRIVACY ACT AND PAPER REDUCTION ACT NOTICE

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### COLLECTION AND USE OF INFORMATION

The Social Security Administration is authorized by section 1860 D-14 of the Social Security Act to collect the information requested in this interview. The information you give us, along with the information we get from other people we interview, helps us to know where there are problems in the programs for which the Social Security Administration is responsible. It also helps us to resolve these problems and recommend changes in the law. You do not have to give us the requested information. However, if you do not provide the information, we may terminate your help with Medicare prescription drug plan costs.

### HOW THE INFORMATION IS USED

The information you provide may be disclosed to another Federal, State or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for the performance of research and statistical activities, to the Department of Justice for use in representing the Federal Government, or if a Federal law requires that we give out this information.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal Government. This law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C section 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.*